



VILLAGE OF KEY BISCAYNE

Department of Building, Zoning and Planning

LOCAL TAX RECEIPT / BUSINESS

Primary Business Activity (Please be specific): _____			
Check Business Type: Professional: _____ Retail _____ Service _____ Contractor _____ Mfg. _____ Wholesale _____ Other _____			
Total Number of Employees at this location (including owners): _____		Federal ID Number: _____ - _____	
Business Name: _____		Business DBA Name: _____	
Ownership Information: Name: _____ Address: _____ Phone () _____			
Business Location (actual street address): _____ City: _____ State: _____ Zip: _____			
Mailing Address (if different): _____ City: _____ State: _____ Zip: _____			
Business Telephone: _____ Business E-mail: _____ Contact Person: _____			
State License/Certification/Registration # (attach copy): _____			
FICTITIOUS NAME REGISTRATION NUMBER: G- _____ OR this certifies that the above named business is exempt from registering for a Fictitious Name for the following reason: ____ It is a business registered with the Florida Secretary of State. ____ I am licensed by the Department of Business and Professional Regulation or the Department of Health. ____ It is operated under the legal name (s) of the owner (s).			
I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH STATE, COUNTY OR CITY REGULATIONS. I SWEAR THIS APPLICATION FOR A LOCAL BUSINESS TAX RECEIPT IS MADE FOR THE BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT. Signature: _____ Date: _____			
FOR OFFICE USE :			
Application Date: _____	Certificate of Use: _____	Copy of Business By laws: _____	Copy of Certification: _____
Occupational License Number: L0 _____	Fee Charge: _____	Copy of Lease: _____	Copy of Registration: _____
	Check #: _____	Copy of License: _____	Other: _____